



## Louisiana Identity Theft Affidavit

Louisiana Department of Revenue  
Criminal Investigations Division  
P.O. Box 2389  
Baton Rouge, LA 70821-2389  
Email: fraud.mailbox@la.gov

PLEASE PRINT OR TYPE

### Please check on of the following boxes:

- ☐ I am a **victim of identity theft** and I believe this incident **is affecting** my tax records (*Provide a short explanation of the tax impact*)

- ☐ I am a **victim of identity theft** and believe I may be at risk for **future impact** to my tax account
- ☐ I am a **potential victim** of identity theft and believe I may be at risk for future impact to my tax account. (You should check "*potential victim*" if you have not experienced identity theft but are at risk due to a lost/stolen purse or wallet, questionable credit card or credit report activity, etc.)

Tax year(s) impacted and/or date the incident occurred  
(if applicable or known)

Last tax return filed (year) (*Enter **NRF** if not required to file*)

Taxpayer's last name

First name

Middle Initial

Provide the last 4 digits of your Social Security Number (SSN) **or** your **complete** Individual Taxpayer Identification Number (ITIN)

Taxpayer's current mailing address

City

State

ZIP code

Address on last tax return filed (Check here ☐ if you are not required to file a tax return)

City

State

ZIP code

Telephone number    ☐ Home    ☐ Work    ☐ Cell

Best time(s) to call

Primary language    ☐ English    ☐ Spanish    ☐ Other - specify

**Under penalty of perjury, I declare that, to the best of my knowledge and belief, the information entered in this form is true, correct, complete, and made in good faith.**

\_\_\_\_\_  
(Signature of taxpayer)

\_\_\_\_\_  
(Date signed mm/dd/yyyy)

**Please submit this completed form and a photocopy of at least one of the following documents to verify your identity.**  
(Check the box next to the document you are submitting)

☐ a) Passport

☐ c) Social Security Card

☐ b) Driver's license

☐ d) Other valid U.S. Federal or State government issued identification\*

\* Please do not submit photocopies of federally issued identification where prohibited by 18 U.S.C. 701 (e.g., official badges designating federal employment).

**Please submit the photocopies required above with this form to the address listed at the top of the form.**